

CLAIMS ONLY

Application Number:

" Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS		AS FILED 4/5/79		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
1		1					
2			1				
3			1				
4			1				
5		1					
6			1				
7			1				
8			1				
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41			1				
42			1				
43			1				
44			1				
45			1				
46			1				
47			1				
48			1				
49			1				
50			1				
Total							
Indep		2					
Total							
Depend.		12					
Total							
Claims		14					